



Fact Sheet:

Prevention CalOMS



Background

The Department of Alcohol and Drug Programs (ADP), together with other elements of the alcohol and drug service system, is engaged in the development of a system that systematically accounts for the performance of treatment and prevention services. In the case of prevention, efforts to plan activities have often been frustrated by the lack of accurate, useful, and appropriate data that would provide policy makers with the information necessary to allocate resources in an optimally effective way. Without a system of indicators that marks both the need for prevention efforts and their impact on the problem of abuse of alcohol and other drugs (AOD), prevention policies and funding allocations may miss their mark, as scarce resources are allocated to areas or problems that are less than optimal. Furthermore, without systematic information about prevention outcomes, policy makers cannot effectively evaluate the impact of past prevention efforts, frustrating attempts to improve upon past strategies and programs.

California's efforts to deal with this situation began in earnest in the early 1990's with ADP's Prevention Data Initiative. In the spring of 1997, as a result of the need to assess the effectiveness of federal initiatives, policies and expenditures, the federal Center for Substance Abuse Prevention (CSAP) initiated the national Prevention Data Collection and Management Information System project, commonly referred to as the Minimum Data Set (MDS). Initially begun as a pilot program in eleven states, including California, the MDS was found by California to lack sufficient flexibility to satisfy the State's own prevention data requirements.

Therefore, on January 1, 1998, ADP introduced the Prevention Activities Data System (PADS) to track prevention activities throughout the State. PADS was developed to present a more accurate and complete picture of California's prevention activities in a manner consistent with the parameters of the six CSAP strategy areas. However, PADS was not designed to collect data regarding performance outcomes.

"Performance Partnership Grant" to "National Outcome Measures"

In 2002, the U.S. Department of Health and Human Services announced a proposal to change the Substance Abuse Prevention and Treatment (SAPT) Block Grant from an emphasis on process requirements, based on compliance and expenditure reports, to one reflecting a performance outcome model¹. The new model, originally entitled Performance Partnership Grant (PPG), was intended to offer states flexibility in their expenditure of funds while basing accountability on performance. In 2004, CSAP provided ADP with a prevention PPG data collection framework which identified eight categories of 'capacity' (quantity-related) measures and sixteen categories of 'effectiveness' (quality-related) measures. In addition, the measures were further broken down into 'core' (or required) and 'optional' (or elective) measures for prevention services efforts. (For a list of these PPG measures, [click here](#)). October 2006 was established by CSAP as the target date for all states to submit all required performance data. Over

¹ Federal Register, Vol. 67, No. 247, dated Tuesday, December 24, 2002, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

time, CSAP changed the title of the measures from PPGs to what are now referred to as the National Outcome Measures (NOM). The significance of the change is CSAP's increased emphasis on the establishment of uniform national prevention outcome measures as distinguished from a linkage of performance to the State's receipt of the SAPT grant.

CalOMS versus CalOMP

ADP's approach to address the new prevention performance measures has been incorporated into the Department's broader California Outcomes Monitoring Program (CalOMP) initiative. CalOMP looks at the broadest range of prevention and treatment issues by going beyond mere data acquisition. CalOMP examines how data can be applied at the state, county and provider level for the continuous improvement of services. By contrast, the California Outcomes Measurement System (CalOMS) focuses on the narrower issues of designing the data collection system, both in terms of the data indicators to be established and the technology needs to convey the information. The objective of CalOMS is to systematically gather data to assist ADP and the counties to 1) assess the performance of AOD services; 2) use that assessment in guiding improvements in AOD policies, systems and services; and 3) responding to federal reporting requirements.

ADP established the CalOMP Implementation Workgroup (IWG) to address issues relating to the implementation of the project. This Workgroup includes ADP staff, county administrators or their designees, technical assistance contractors and researchers from both treatment and prevention. Under this workgroup are two sub-workgroups, one for treatment and one for prevention, which address issues specific to each. Achievements of the Prevention Sub-Workgroup have included:

- Development of the Prevention CalOMP vision;

- Establishment of six project goals covering the next three to five years;
- Identification of the key objectives for each of the goals;
- Establishment of the 22 core and optional outcomes measures;
- Identification of the questions or data elements to be collected for each of the outcomes measures; and
- Identification of the corresponding list of allowable responses for each question or data element.

In developing the prevention outcomes measurement vision statement, the Prevention Sub-Workgroup considered ADP's overall vision (*"Healthy individuals and communities free of alcohol and other drug problems."*) and ADP's Prevention strategic vision (*"Californians understanding that alcoholism, drug addiction, and related problems are chronic conditions that can be successfully prevented"*). As a result, the following prevention outcomes measurement vision statement was developed by the IWG Prevention Sub-Workgroup, then modified to include treatment and adopted by the full IWG: *"The Department of Alcohol and Drug Programs and the field use outcomes measurement in order to select, deliver, and continuously improve prevention and treatment policies, programs, and services"*.

The six goals developed by the IWG Prevention Sub-Workgroup, then modified to include treatment and approved by the full IWG, are:

- Goal #1 Define program-relevant and culturally appropriate prevention and treatment outcomes measures reflective of science-based findings and California's diverse population and communities.
- Goal #2 Develop and implement a comprehensive CalOMS to facilitate prevention and

- treatment service planning and continuous program improvement at the state, county and provider levels.
- Goal #3 Develop and implement CalOMS data collection and analytic capabilities to meet or exceed the data requirements for the federal PPGs (read “NOM’s”).
- Goal #4 Develop and implement the processes, practices, standards, and tools that will enable collection of meaningful outcomes measures from all state and federally-funded AOD prevention and treatment programs in California.
- Goal #5 Develop and implement statewide training and technical assistance capabilities to assist county and provider prevention and treatment staff in the collection and utilization of outcomes information.
- Goal #6 Annually, use the CalOMS data to establish performance benchmarks to assess the overall quality and performance of the statewide prevention and treatment service delivery.

The Technology System Design

In meeting Goal #3, various alternatives for collecting the data were considered by ADP and the Prevention Sub-Workgroup. It was ultimately recommended that the Department contract with a third-party vendor to collect prevention outcomes data directly from counties. This was determined to be the most practical method because it would be more cost efficient, it would function in a manner similar to the PADS system, in that it would be a web-based service, and it would not require counties and providers to develop their own system for reporting data. Cost for the system

will be borne by ADP and development plans include initial pilot testing as well as technical assistance and training to counties.

How the Prevention Measures were Developed

In the CSAP PPG Measures framework, several sources or tools were identified for states to use in gathering data, including:

- SAMHSA’s MDS
- Monitoring the Future Survey
- Student Survey of Risk and Protective Factors
- National Survey on Drug Use and Health (NSDUH) [formerly the National Household Survey on Drug Abuse (NHSDA)]
- Tanglewood Research
- Communities Mobilizing for Change on Alcohol (CMCA) Survey
- Retailer Compliance Checks; and
- Annual Synar Retailer Violation Rates (Note: the sources/tools for several of the measures are still to be developed by CSAP).

To address all of the requirements of the PPGs/NOMs, as well as information deemed by the workgroup as unique and essential to California, the Prevention Sub-Workgroup initially recommended approximately 160 questions. These were eventually reduced by the IWG Prevention Sub-Workgroup to a total of 76 questions: three core and 19 optional questions on the [Community Prevention Survey](#), 28 core and 26 optional questions on the [Program Participant Survey](#). After distribution to all members of the California Alcohol and Drug Program Administrators Association of California (CADPAAC) for comments, the surveys were approved by the full IWG and adopted by ADP.

Where We Are Now

ADP is currently in the process of confirming high-level business requirements for the data

collection service and finalizing a Request for Proposal (RFP) for the Prevention Outcomes Data Collection Service. When finalized in late February 2005, the RFP will be posted to the CalOMS website, sent to potential vendors, and posted to the Department of General Services' State Contracts Register website at <http://www.cscr.dgs.ca.gov/cscr/>.

Where We Are Going

ADP anticipates having a prevention data collection service contractor selected by July 1, 2005, pilot testing with counties and providers beginning January 2006, and implementing the service into production by June 30, 2006, to fulfill Phase I requirements. The data collection service contractor, along with ADP staff, will be working closely with counties and providers to determine readiness and provide no-cost training and technical assistance as needed. Updates and enhancements to the service will be made as additional outcomes measures and/or requirements are identified and approved in conjunction with the external workgroups.

Benefits to ADP and Counties

Over the long-term, the Prevention CalOMP will address the business needs listed below using a phased approach. Phase I of CalOMP will address the first three business needs listed. Phase I will also serve to establish the foundation for addressing the latter three business needs in future phases of CalOMP activities. ADP is striving to keep the required data elements in the new outcomes data collection service as similar to the PADS data as possible, and to minimize the volume of data requested, yet still enable the State and counties to:

- Document client/customer demographics;
- Identify AOD trends and risks;
- Meet federal government reporting requirements;
- Demonstrate service effectiveness;

- Demonstrate that services are cost effective; and
- Identify effective practices.

The Prevention CalOMP is expected to produce the following benefits:

- Satisfy federal reporting requirements;
- Document:
 - measurable improvement in lives and communities
 - service effectiveness
 - cost effectiveness;
- Identify ways to improve services;
- Facilitate standardized client assessments;
- Provide data for assuring continued funding and enhance potential for new funding; and
- Increase provider, county and state collaboration.